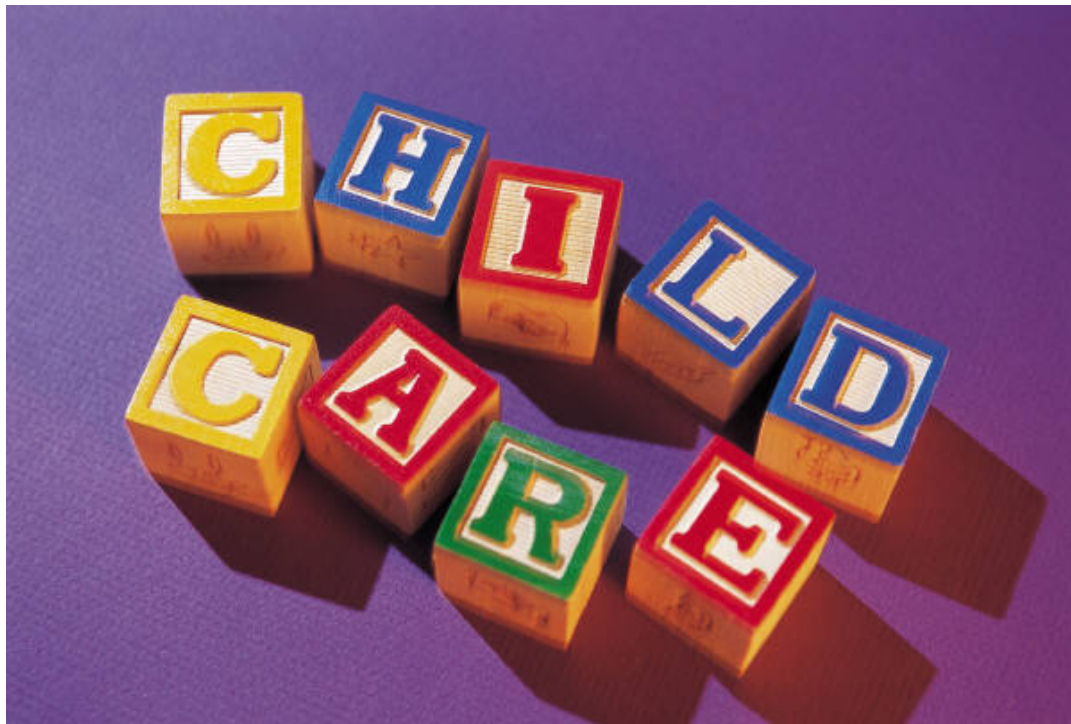


ASTHMA AND ALLERGIES

Caring for Children with Asthma and Allergies in Child Care Facilities

Maryland State Department of Education
Division of Early Childhood Development
Office of Child Care

Resource Guide



2014

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CARING FOR CHILDREN WITH ASTHMA AND ALLERGIES IN CHILD CARE FACILITIES

Introduction

There are many children in child care facilities with a diagnosis of asthma, have serious reactions to allergens, and may need emergency medical attention. Allergic reactions (anaphylaxis) are an immune system hypersensitivity to a particular substance called an allergen. For many allergic individuals, exposure to an allergen results in mild symptoms. However, for some, allergic reactions can be severe and result in potentially life-threatening medical conditions. The most dangerous symptoms include breathing difficulty and a drop in blood pressure or shock, both of which are potentially fatal. Anaphylaxis refers to this type of severe allergic reaction. Anaphylaxis may affect children with both known allergies and those without known allergies.

Asthma is a chronic lung disease that lasts for long periods of time and involves ongoing management of the disease. Asthma may require periodic treatment to lessen the severity of inflammation and irritation to the lungs and affects the child's ability to breathe effectively. The level of severity of the disease and adherence to prescribed medication prior to and in response to symptoms can prevent life threatening breathing difficulties.

The Office of Child Care requires early education and child care providers to take great care in administering and storing medications as indicated in the Code of Maryland Regulations **(COMAR) 13A.15-18.11.04** Medication Administration and Storage. The regulations allow school-age children to self-carry and self-administer their medications for asthma and anaphylaxis emergencies in accordance with **COMAR 13A.15-18.11.04H**. It is important for child care providers to understand and follow regulations and health care provider instructions when caring for children with asthma and allergies.

Purpose

The purpose of this document is to provide guidance to early child care providers when caring for children with asthma and allergies. These guidelines will also help in planning for and managing school age children permitted to self-carry and self-administer emergency medications. Child care providers responsible for children with life-threatening allergies must plan and provide for five key activities: 1) allergy awareness training, 2) emergency planning, 3) allergen exposure avoidance measures in the environment, 4) treatment to control symptoms and 5) training of staff. Child care providers, the school-age child allowed to self carry and self administer medications for allergy and asthma treatment, child care staff, and parents all have responsibilities within each of these key areas. Managing allergies and asthma in child care is a team effort among the health care provider, family, child, and authorized caretakers.

KEY ACTIVITIES REQUIRED FOR ASTHMA AND ALLERGY EMERGENCY RESPONSE PREPAREDNESS

Training

Training for child care staff and children attending the child care program should be a major priority for the management and prevention of asthma and allergic reactions in the child care setting. While **COMAR 13A.16.11.04F** mandates medication to be administered to a child in care only by an employee who has completed approved medication administration training, general training should be provided to all child care staff involving the care and management of children with asthma and allergies. The priorities should include:

- General training for all child care staff and children;
- In depth training to staff who have frequent contact with children diagnosed with asthma and/or allergies;
- Specialized training to include signs of symptoms specific to asthma or allergies, medications and the associated medication delivery device;
- Guidance and direction for all staff in how to follow special health care plans specific to the child's needs; and
- Environmental factors related to controlling asthma symptoms and avoiding allergens in the child care setting.

<p>Note: <i>You may contact your local Child Care Resource Center for Asthma and Allergy/Medication Administration training resources.</i></p>

Emergency Planning

All programs providing care to children, no matter the setting should have emergency procedures in place to respond effectively to an emergency. Emergency planning should include:

- Ensuring that children with known asthma and/or allergies have Asthma Allergy Action Plans;
- Developing and using specific procedures to identify children with food or other allergies;
- Developing a plan for managing or reducing environmental risks for exposure to allergens and triggers for asthma symptoms;
- Setting up communication systems that are easy to use during an emergency situation;

- Making sure staff can get to auto-injectors or asthma medications quickly and easily;
- Making sure that children and staff are aware of how to access emergency medical services; and
- Documenting the response to the emergency related to an exposure to an allergen or a child with increased asthma symptoms.

Maintaining an Allergen and Asthma Trigger Free Environment

Each child care facility should provide a healthy and safe child care environment. This includes a clean and hygienic environment. To manage asthma and allergies this includes limiting the presence of known and unknown substances that may trigger or increase the severity of a medical condition. Program staff should be responsible for:

- Creating and maintaining a clean and safe child care environment;
- Using nonfood items for rewards or incentives;
- Creating ways for children with asthma and allergies to participate in activities;
- Eliminating or preventing the presence of known allergens or triggers, such as dust, use of household chemicals, and fragrances;
- Maintaining the prescribed food service procedures that prevents contact with other food to known allergens;
- Instructing the staff and monitoring for safe food handling practices; and
- Maintaining good hand washing procedures for staff and children throughout the day.

Parental and Staff Responsibilities in Managing and Maintaining Asthma & Allergy Plans

Parental Responsibilities

- Upon enrollment, parents must provide to the child care provider, health information at registration, or upon diagnosis, of all health issues unique to the child. The diagnosis of asthma allergy must be confirmed by the health care provider upon completion and submission of the OCC 1215 Health Inventory, along with an OCC 1216 Medication Administration Authorization Form for medications to be administered, and an asthma and/or allergy action plan detailing activities to be provided by the child care staff specific to the needs of the child. **(Forms OCC 1215 and OCC 1216 may be found at www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/forms)**
- Parents must provide accurate information about the child's medical status and condition at all times.
- Parents must advise the child care provider of any changes in health care provider treatment goals and medications at all times.
- Parents must supply all prescribed medication and/or medication delivery devices.
- Parents must sign, along with the health care provider, the OCC 1216 Medication Administration Authorization Form, and if appropriate, sign the self carry/self administration section verifying that the child is capable of carrying out the self carry/self administration activity without supervision.
- In cooperation with the child care provider, parents must establish an agreement to contact the health care provider to obtain missing information, medications and/or for clarification of any instruction or necessary information to carry out the care plan if all information, medications and/or equipment is not provided.

Staff Responsibilities

- Staff must ensure that the Asthma Action Plan or Allergy Action Plan is current and not dated more than one year prior to the date of the day the care is delivered;
- Staff must frequently review and monitor records to ensure the care plan remains consistent with the licensed health care provider's authorized plan of care;

- Staff must conduct an annual Asthma/Allergy Self-Carry Action plan review or more often as indicated by the content of the plan of care;
- Staff must ensure that all medications have a current expiration date or is returned to the parent (or discarded) as indicated by the date on the medication;
- Staff must ensure that assigned staff receiving and reviewing the care plan, signs the medication authorization form verifying the receipt of and an understanding of the care plan's contents; and
- Staff must ensure that the child care staff person documents in the record each instance of the administration of medication to a child, and a school-age child's self administration of medication, on the OCC 1216 Medication Administration Authorization Form. Staff should always document the date, time and reason the medication was administered.

Emergency Management of an Allergy or Anaphylaxis Episode

Anaphylaxis usually occurs immediately (seconds or minutes), but also may occur several hours after allergen exposure. Symptoms can progress rapidly, making it a medical emergency. Any combination of signs and symptoms of an anaphylactic reaction may be present. Any one or combination of signs and symptoms are an indication for action. ***Not all signs and symptoms need be present in anaphylaxis.***

Follow the procedures for the administration of a prescribed medication and/or the administration of an auto-injector prescribed by the child's health care provider in the child's Allergy Action Plan (**Attachment 1**).

(The Allergy Action Plan document may also be found at www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/res_docs.)

Follow this emergency procedure when training and supporting child care staff about the management of a child during an anaphylaxis episode while in a child care program regulated by the Maryland State Department of Education, Office of Child Care.

1. Rapidly assess Airway, Breathing, and Circulation (ABC's) and begin CPR as necessary;
2. Follow the allergy action plan completed by the child's health care provider. This may include the administration of prescribed medication and/or auto-injector.
3. If administering an auto-injector, follow directions found on the device.
4. Call 911 after administering prescribed medication and/or auto-injector notifying the dispatcher of the type of medication administered to the child for an anaphylactic reaction, and informing them that paramedics are needed to provide continued care.
5. Contact the parent or guardian.
6. Assist the child into a comfortable position.
7. Loosen restrictive clothing and keep the child calm;
8. When EMS responds, turn the care over to them along with the child care health record to go with the child to the emergency room; and
9. If there is no parent or guardian available, send a staff person with the child.

Emergency Management of An Asthma Episode

Asthma is a chronic lung disease that lasts for long periods of time and involves ongoing management of the disease. Asthma may require periodic treatment to lessen the severity of inflammation and irritation to the lungs and affects the child's ability to breathe effectively. The level of severity of the disease and adherence to prescribed medication prior to and in response to symptoms can prevent life threatening breathing difficulties.

Follow this emergency procedure when training and supporting child care staff about the management of a child with any asthma symptoms while in a child care program regulated by the Maryland State Department of Education, Office of Child Care.

1. Observe asthma symptoms - the child reports difficulty with breathing, has difficulty speaking or is drowsy and not participating in activities.
2. Follow the Asthma Action Plan to administer the quick acting inhaler or nebulizer treatment. (**Attachment 2**).

(The Asthma Action Plan document may also be found at www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/res_docs.)

3. Contact the parent or guardian.
4. Restrict activity and allow the child to rest.
5. Place child in an area where there is quiet and little activity and can be observed by child care staff.
6. If child is not responding appropriately- call 911 and contact the parent again letting them know the child's status and that 911 has been called.
7. When EMS responds, turn the care over to them along with the child care health record to go with child to the emergency room.
8. If there is no parent or guardian available send a staff person with the child.

School-Age Children Who Self Carry/Self Administer Emergency Medication for Asthma and Allergies

When a school-age child is authorized and found to be capable of self carrying and self administer a quick relief medication, responsibilities must be met by all parties as indicated below:

School-Age Children Authorized to Self Carry Must:

- Understand what condition the medication is to treat;
- Safely handle the medication at all times;
- Report symptoms of not feeling well to staff;
- Safely administer the medication with or without supervision; and
- Report each occurrence of self administration of the medication to a staff person.

Parents Must:

- Upon enrollment, provide health information at registration, or upon diagnosis, of all health issues unique to the child to the child care provider. The diagnosis of asthma allergy must be confirmed by the health care provider upon completion and submission of the OCC 1215 Health Inventory, along with an OCC 1216 Medication Administration Authorization Form for medications to be administered, and an asthma and/or allergy action plan detailing activities to be provided by the child care staff specific to the needs of the child. **(Forms OCC 1215 and OCC 1216 may be found at www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/forms)**
- Provide accurate information about the child's medical status and condition at all times.
- Advise the child care provider of any changes in health care provider treatment goals and medications at all times.
- Supply all prescribed medication and/or medication delivery devices.
- Sign, along with the health care provider, the self carry/self administration section of the OCC 1216 Medication Administration Authorization Form verifying that the child is capable of carrying out the self carry/self administration activity without supervision.
- In cooperation with the child care provider, establish an agreement to contact the health care provider to obtain missing information, medications and/or for clarification of any instruction or necessary information to carry out the care plan if all information, medications and/or equipment is not provided.

Child Care Center Staff Must:

- Ensure that the Asthma Action Plan or Allergy Action Plan is current and not dated more than one year prior to the date of the day the care is delivered;
- Frequently review and monitor records to ensure the care plan remains consistent with the licensed health care provider's authorized plan of care;
- Conduct an annual Asthma/Allergy Self-Carry Action plan review or more often as indicated by the content of the plan of care;
- Ensure that all medications have a current expiration date or is returned to the parent (or discarded) as indicated by the date on the medication;
- Ensure that assigned staff receiving and reviewing the care plan, signs the medication authorization form verifying the receipt of and an understanding of care plan's contents; and
- Ensure that the child care staff person documents in the record each instance of the child self administering medication on the OCC 1216 Medication Administration Authorization Form. Staff should always document the date, time and reason the medication was administered.

Note: *Child care staff assigned to a child with an allergy/asthma self carry self administration plan should have successfully completed an approved OCC Medication Administration training curriculum.*

Evidenced Based Resources to Support Activities

This policy incorporates the recommendations and standards as outlined in the: American Academy of Pediatrics and the American Public Health Association Caring for Our Children: National Health and Safety Standards for the preferred required actions, responsible parties and how information is communicated.

Contacts

For questions regarding information contained herein, contact **Cheryl Hall, Nurse Consultant**, Office of Child Care, Licensing Branch at **410-332-0815** or via email at Cheryl.Hall@msde.state.md.us

or

Paula Johnson, Chief, Licensing Branch, Office of Child Care at **410-569-8071** or via email at Paula.Johnson@msde.state.md.us

Allergy Action Plan

Must be accompanied by a Medication Authorization Form (OCC 1216)

CHILD'S NAME: _____ Date of Birth: _____

ALLERGY TO: _____

Is the child Asthmatic? ☐ No ☐ Yes (If Yes = Higher Risk for Severe Reaction)Place Child's
Picture Here**TREATMENT**

Symptoms: The child has ingested a food allergen or exposed to an allergy trigger: But is not exhibiting or complaining of any symptoms	Give this Medication	
	Epinephrine	Antihistamine
Mouth: itching, tingling, swelling of lips, tongue or mouth ("mouth feels funny")		
Skin: hives, itchy rash, swelling of the face or extremities		
Gut: nausea, abdominal cramps, vomiting, diarrhea		
Throat*: difficulty swallowing ("choking feeling"), hoarseness, hacking cough		
Lung*: shortness of breath, repetitive coughing, wheezing		
Heart*: weak or fast pulse, low blood pressure, fainting, pale, blueness		
Other:		
If reaction is progressing (several of the above areas affected)		

*Potentially life-threatening. The severity of symptoms can quickly change.

*IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

Medication	Dose:
Epinephrine:	
Antihistamine:	
Other:	

Doctor's Signature _____

Date _____

EMERGENCY CALLS

1) Call 911 (or Rescue Squad) whenever Epinephrine has been administered. 2) Call the parent. State that an allergic reaction has been treated and additional epinephrine may be needed. 3) Stay with the child.

Doctor's Name: _____

Phone Number: _____

Contact(s)	Name/Relationship	Phone Number(s)	
		Daytime Number	Cell
Parent/Guardian 1			
Parent/Guardian 2			
Emergency 1			
Emergency 2			

***EVEN IF A PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE AND CALL 911.**

Health Care Provider and Parent Authorization for Self/Carry Self Administration

I authorize the child care provider to administer the above medications as indicated. Students may self carry/self administer [school-aged only] ☐ yes ☐ No

Parent/Guardian's Signature _____

Date _____

Allergy Action Plan (Continued)

Must be accompanied by a Medication Authorization Form (OCC 1216)

Place Child's
Picture Here


CHILD'S NAME: _____ **Date of Birth:** _____

ALLERGY TO: _____

Is the child Asthmatic? ☐ No ☐ Yes (If Yes = Higher Risk for Severe Reaction)

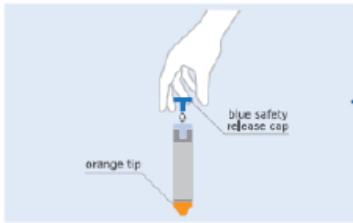
The Child Care Facility will:

- ☐ Reduce exposure to allergen(s) by: (no sharing food,
- ☐ Ensure proper hand washing procedures are followed.
- ☐ Observe and monitor child for any signs of allergic reaction(s).
- ☐ Ensure that medication is immediately available to administer in case of an allergic reaction (in the classroom, playground, field trips, etc.)
- ☐ Ensure that a person trained in Medication Administration accompanies child on any off-site activity.
- ☐

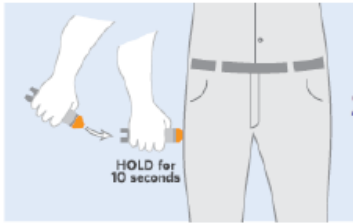


(Epinephrine) Auto-Injectors 0.1/0.15 mg

userguide



1 Pull off the blue safety release cap.



2 Swing and firmly push the orange tip against the outer thigh so it 'clicks.' **HOLD** on thigh for approximately 10 seconds to deliver the drug.

Please note: As soon as you release pressure from the thigh, the protective cover will extend.

Each EpiPen Auto-Injector contains a single dose of a medicine called epinephrine, which you inject into your outer thigh. **DO NOT INJECT INTRAVENOUSLY. DO NOT INJECT INTO YOUR BUTTOCK,** as this may not be effective for a severe allergic reaction. In case of accidental injection, please seek immediate medical treatment.

Call 911

3 Seek immediate emergency medical attention and be sure to take the EpiPen Auto-Injector with you to the emergency room.

To view an instructional video demonstrating how to use an EpiPen Auto-Injector, please visit epipen.com.

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The Parent/Guardian will:

- ☐ Ensure the child care facility has a sufficient supply of emergency medication.
- ☐ Replace medication prior to the expiration date
- ☐ Monitor any foods served by the child care facility, make substitutions or arrangements with the facility, if needed.
- ☐

Maryland State Child Care/Nursery School
 Asthma Medication Administration Authorization Form
 ASTHMA ACTION PLAN for ___/___/___ to ___/___/___ (not to exceed 12 months)



Triggers (list)

Student's

Name: _____ DOB: _____ PEAK FLOW PERSONAL BEST: _____

ASTHMA SEVERITY: ☐ Exercise Induced ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

CHECK SYMPTOMS/INDICATIONS FOR MEDICATION USE

GREEN ZONE : Long Term Control Medication — use daily at home unless otherwise indicated

- ☐ Breathing is good
☐ No cough or wheeze
☐ Can work, exercise, play
☐ Other: _____
☐ Peak flow greater than _____ (80% personal best)

Medication	Dose	Route	Frequency

- ☐ Prior to exercise/sports/ physical education

(Rescue Medication)

If using more than twice per week for exercise, notify the health care provider and parent/guardian.

YELLOW ZONE: Quick Relief Medications — to be added to Green zone medications for symptoms

- ☐ Cough or cold symptoms
☐ Wheezing
☐ Tight chest or shortness of breath
☐ Cough at night
☐ Other: _____
☐ Peak flow between _____ and _____ (50%-79% personal best)

Medication	Dose	Route	Frequency

If symptoms do not improve in _____ minutes, notify the health care provider and parent/guardian.
 If using more than twice per week, notify the health care provider and parent/guardian.

RED ZONE: Emergency Medications— Take these medications and call 911

- ☐ Medication is not helping within 15-20 mins
☐ Breathing is hard and fast
☐ Nasal flaring or skin retracts between ribs
☐ Lips or fingernails blue
☐ Trouble walking or talking
☐ Other: _____
☐ Peak flow less than _____ (50% personal best)

Medication	Dose	Route	Frequency

Contact the parent/guardian after calling 911.

Health Care Provider and Parent Authorization

I authorize the child care provider to administer the above medications as indicated. By signing below, I authorize to self-carry/self-administer medication and authorize the child to self-carry/self-administer the medications indicated during any child care and before/after school programs. Student may self-carry medications:

[School-age children] ☐ Yes ☐ No

Prescriber signature: _____ Date: _____ Parent / Guardian Signature: _____ Date: _____

Reviewed by Child Care Provider: Name: _____ Signature: _____ Date: _____